

State of Maine
Office of the State Controller
Payroll Division
14 State House Station
Augusta, ME 04333-0014
Fax: 626-8453

Document I.D.									
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	Agency			Mo.					
Office of the State Controller _____									
For Office of the State Controller Use									

Advance Payment for New Employee Form

TO:

Payroll Division Office of the State Controller
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Please issue a check to the individual named below. Amount: \$ _____

Accounting Code:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Fund

<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Agency

8	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Orgn

0	0	9	3
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 B/S Acct

Check Category

PY

Active Employee

<input type="text"/>

New Hire

<input type="text"/>

Check Distribution

Pick up in BAC-Payroll

<input type="text"/>

Mail to Agency Payroll Clerk

<input type="text"/>

Mail Directly to Employee

<input type="text"/>

Date Started Work _____

Address: _____

Position Number _____

Processing Company Name _____ Number _____

Employee Name _____ SSN _____

I hereby request an advance against my first regular paycheck
due on _____, and I understand that this amount will
be deducted from my paycheck on _____. I further
understand that future payments are subject to my being
placed in an authorized position by the next pay period.

Signature _____ Date _____

Payroll Clerk _____ Date _____

Authorizing Official _____ Phone No. _____

Please forward Original plus one copy of this form.
Retain one copy at Agency.

